

# Foster Family Home - Deficiency Report

Provider ID: 2-559891

Home Name: Jocelyn Dela Cruz, CNA

Review ID: 2-559891-16

15-1868 28th Ave. Poha St,  
Paradise Park

Reviewer: David Ayling

Keaau HI 96749

Begin Date: 10/2/2023

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

 RW 10/2/2023  
Compliance Manager Date

  
Primary Care Giver 10-2-2023  
Date